

State of Georgia

**THE WORKERS' COMPENSATION
REHABILITATION SUPPLIER'S FEE
SCHEDULE FOR SERVICES RENDERED
UNDER THE GEORGIA
WORKERS' COMPENSATION ACT**

Effective October 1, 2000

Foreword amended October 1, 2004

**ADOPTED BY:
Georgia State Board of Workers'
Compensation
270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299**

Price \$4.00

FOREWORD

The Workers' Compensation Rehabilitation Supplier's Fee Schedule for Services Rendered Under the Georgia Workers' Compensation Act (the "fee schedule") is updated and published by the Georgia State Board of Workers' Compensation in accordance with O.C.G.A. § 34-9-205. The fee schedule provides a comprehensive guide as to what constitutes usual, customary and reasonable charges for rehabilitation care and services. When medically necessary, fees in excess of the fee schedule for certain services may be permitted, but must be justified in writing. When possible, an agreement should be reached between the parties before proceeding with such services.

(1) All billings for rehabilitation services provided are to be billed in tenths of an hour [.1 = 6 minutes] and submitted under the standardized billing format. To indicate medical rehabilitation or vocational rehabilitation, add the letter 'M' for medical services and the letter 'V' for vocational services preceding the procedure code.

(2) Rehabilitation supplier services and charges shall be limited to what is usual, customary and reasonable. In non-catastrophic claims, suppliers shall conform charges to the rehabilitation fee schedule adopted by the Board and the charges listed in the rehabilitation fee schedule shall be presumed usual, customary and reasonable. Employers, insurers or third party administrators may automatically conform the listed charges to the fee schedule but may not unilaterally change a billing description to conform to a listed charge. Catastrophic claims as defined in O.C.G.A. § 34-9-200.1(G) are exempt from the fee schedule except for the hourly rate. When a party misses scheduled appointments without proper notification, rehabilitation charges will be billed at half of the regular fee. Non-billable costs include postage (excluding certified and overnight mail), clerical services, in-house waiting time, attempted telephone contacts, and in-house staffing.

(3) Employers, insurers and third party administrators shall pay all reasonable charges within 30 days of receipt of the charges and supportive documentation. An employer, insurer, or third party administrator who believe there are any charges not listed in the fee schedule, or any service being disputed, that are not usual, customary, reasonable or necessary, or if a rehabilitation supplier believes their bill was erroneously, unilaterally reduced, shall in the first instance submit to peer review and thereafter may file a WC-14 to request a mediation or hearing. The aggrieved party requesting peer review shall follow these procedures:

- a. The employer/insurer shall pay when due all charges deemed reasonable, and follow the procedures set forth in subsection (2) for review of only those specified charges that are disputed.

- b. For charges or services which are disputed as not being usual, customary, reasonable or necessary or allegations of improper reduction of a bill, the employer, insurer, servicing agent, or rehabilitation supplier shall file a request for peer review with a peer review committee approved by the Board within 30 days of receipt of the initial charges with supportive documentation or reduced payment of charges billed and shall mail a copy of the request and supporting documentation with a certificate of service upon the rehabilitation supplier, employer, insurer or third party administrator, all counsel of record and any unrepresented parties.
- c. The peer review committees approved by the Board are listed below. These committees may be contacted at the following addresses and telephone numbers:

Larry Huggins, M.Ed.
RWSIR
P.O. Box 1000
Warm Springs, GA 31830
(706) 655-5525

Hunter Ramseur, M.Ed., L.P.C., C.D.M.S. (*new address*)
404 Glenn Circle
Decatur, GA 30030
(404) 354-0068

Marilyn Dowdle, BS, RN, CRRN, CCM
2895 Mt. Olive Drive
Decatur, GA 30033
(404) 636-6415

Debbie Berens, CRC, CCM, CLCP
1156 Masters Lane
Snellville, GA 30078
(770) 978-9212

- d. The employer, insurer or third party administrator shall, within 30 days from the date that a decision regarding the peer review of charges or services is issued by the peer review committee, make payment of disputed charges based upon the recommendations, or request a mediation or hearing, by filing a WC-14. Likewise, a rehabilitation supplier shall have 30 days from the date that the recommendation is mailed to request a mediation or hearing, by filing a WC-14. In case of a mediation or hearing, the recommendations of the peer review committee shall be evidence of the usual, customary, reasonable and necessary services and charges.

- e. In cases where the peer review committee recommends that the fee be reduced, the employer, insurer or third party administrator shall pay the supplier the fee amount recommended by the peer review committee less the filing costs initially paid by the employer, insurer or third party administrator. In the event the peer review committee recommends the entire fee be disallowed, the employer, insurer or third party administrator may automatically deduct the filing costs for peer review from future allowable charges submitted by the rehabilitation supplier rendered to the same employee arising out of the same injury. In the event the peer review recommends an increase in payment of a charge that was unilaterally reduced by the employer, insurer or third party administrator, the payment shall be made plus the filing costs for peer review paid by the rehabilitation supplier.

Peer review will be conducted in accordance with O.C.G.A. Title 34 Chapter 9 and Board Rule 200.1 without regard to the parties involved in each claim. Unless unusual circumstances are present, the peer review committee will complete all reviews within 30 days of submission. The peer review committee shall mail a copy of its decision with a certificate of service upon the rehabilitation supplier, employer, insurer or third party administrator, all counsel of record and any unrepresented parties. All submissions for peer review shall be deemed confidential in nature and shall not be revealed to any outside party. However, upon request, the peer review committees will provide the Board with status reports of all outstanding cases. Payment for peer review services are between the peer review committee selected and the party requesting peer review. The cost shall be discussed and negotiated between these parties before the review takes place. The State Board of Workers' Compensation is not a party to these transactions and will not be involved with any decision-making in the peer review process.

(4) The non-payment or late payment of rehabilitation supplier's bills will be handled in the same manner as provided in O.C.G.A. § 34-9 et. seq. and the Board Rules for the non-payment or late payment of medical expenses.

(5) Adjustments to the fee schedule will be reviewed and may be adjusted by the State Board of Workers' Compensation on an annual basis. Recommendations regarding adjustments to the fee schedule shall be presented and reviewed by the Rehabilitation/Managed Care Subcommittee of the State Board of Workers' Compensation Advisory Council 30 days prior to any changes being made.